

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023285

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 2397

FILED JUN 25 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Mo.	b. COUNTY Jackson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kings Nursing Home		c. CITY OR TOWN Kansas City	d. STREET ADDRESS 1641 Myrtle
3. NAME OF DECEASED		4. DATE OF DEATH	
First Alberta Middle Moore Last Moore		Month 4 Day 29 Year 62	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-1-01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Cole Creek, Tenn
13a. FATHER'S NAME Simson, McClain		13b. MOTHER'S MAIDEN NAME Bell, Masterson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) No		17. INFORMANT Wilma Robinson Address 3415 S. Benton	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Hypostatic Pneumonia			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Decubitis Ulcer			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old CVA and Arthritis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Nov. 10, 1959 to April 29, 1962 and last saw her/him alive on April 27, 1962 Death occurred at 12:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE James P. McDaniel (Degree or title)		22b. ADDRESS 2604 Prospect Avenue	22c. DATE SIGNED 4/30/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-2-62	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or county) Kansas City, Missouri (State)
24. FUNERAL DIRECTOR Jones & Stevens ADDRESS 2315 Limwood		25. DATE RECD. BY LOCAL REG. 5-1-62	26. REGISTRAR'S SIGNATURE Ruth H Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

[Handwritten signature]

USE BLACK INK
OR
TYPEWRITER RIBBON

10	11	12	13	AMENDMENTS ON THIS RECORD ARE INSTEAD OF	DOCUMENT
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF			

(Yes or unknown) (If yes, give year or date of birth) No. 102-1-7-232 NEW LINE ROBERTSON 24-5-30-33-10-11	
HOW CAUSE OF DEATH (Enter on 1st line cause per line (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Hypostatic Pneumonia	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Decubiti Ulcers	
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old CVA and Arthritis	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from November 10, 1959 to April 29, 1962 and last saw her/him alive on April 27, 1962 Death occurred at 12:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Sam P. Mc Don</i>	22b. ADDRESS 2604 Prospect Avenue
22c. DATE SIGNED 4/30/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-2-62
23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR Jones & Stevens 2315 Linwood	25. DATE RECD. BY LOCAL REG. 5-1-62
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lemere
4429
Licensed Embalmer No. _____

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

6-11-1942